

EXHIBIT Q

B10 (Official Form 10) (12/08)

U.S. Bankruptcy Court for the Southern District of New York

Claim Number: 100379

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

Name of Debtor:
Bernard L. Madoff Investment Securities LLC

Case Number:
08-1789-BRL

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Marsha F. Peshkin Revocable Trust Dated 5/31/05

Check this box to indicate that this claim amends a previously filed claim.
RECEIVED

Court Claim Number: (If known)
JUN 30 2009

Name and address where notices should be sent:
Marsha F. Peshkin
[REDACTED]

Filed on: _____

Telephone number: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where payment should be sent (if different from above):
[REDACTED]

Check this box if you are the debtor or trustee in this case.

Telephone number: _____

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

1. Amount of Claim as of Date Case Filed: \$ 498,895.40

Specify the priority of the claim.

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

If all or part of your claim is entitled to priority, complete item 5.

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

2. Basis for Claim: Fraud, theft, conversion
(See instruction #2 on reverse side.)

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

3. Last four digits of any number by which creditor identifies debtor: B411

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

4. Secured Claim (See instruction #4 on reverse side.)

Amount entitled to priority:

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

\$ _____

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe:

Value of Property: \$ _____ Annual Interest Rate: %

Amount of arrearage and other charges as of time case filed included in secured claim,

If any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements.

You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

FOR COURT USE ONLY

Date: 6/17/09 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Marsha F. Peshkin

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www.FormsWorldwide.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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